

COMPLAINT RESOLUTION PROGRAM 1625 N. Market Blvd, Suite S 202 Sacramento, California 95834 Phone: (916) 574-7950 FAX: (916) 928-7987



ANONYMOUS TIP FORM

PLEASE USE SEPARATE FORM FOR EACH TIP

| THE FILED A CANAGE (DAYOR FOR ALALE) | | LIGHVAE DEG. NO. IE INIONN |
|--------------------------------------|-----------------------|--|
| TIP FILED AGAINST (BUSINESS NAME) | | LICENSE/REG. NO. IF KNOWN |
| | | |
| ADDRESS | (NUMBER) | (STREET) |
| | | |
| (CITY) | (STATE) | (ZIP) |
| | | |
| BUSINESS PHONE NUMBER: | | |
| | | |
| (AREA CODE) | | |
| WHO DID YOU DEAL WITH? | | |
| | | |
| | | |
| | | |
| PRODUCT/MODEL/ITEM | LOE CONCERN | DATE OF PURCHASE / REPAIR / SERVICE: |
| FRODUCT/MODEL/TTEM | OF CONCERN: | DATE OF FUNCHASE / REPAIR / SERVICE. |
| | | |
| RRIFFI V DESCRIBE VO | UR ISSUE – WHO WHA | AT, WHERE, WHEN, HOW (Use additional paper if needed) |
| DRIEFET DESCRIBE TO | OK ISSOL – WIIO, WIIA | vii, willich, willin, now (ose additional paper il needed) |
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| WHAT DO YOU RECOM | MEND TO RESOLVE | THE ISSUE? |
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| Rev 10/15/08 | | |